

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. <i>07-913233</i>	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TAL AIM8	20	██████	██████	██████	██████	██████

TOTAL IND.	██████	██████	██████	██████
TOTAL DEP.	██████	██████	██████	██████
TOTAL CLAIMS	██████	██████	██████	██████